

SUMTER COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: Change Order Request to Purchase Order No. 9000224 (Staff recommends approval).
REQUESTED ACTION: Approve change to increase total by \$31,000.00

☐ Work Session (Report Only) **DATE OF MEETING:** 6/12/2012
☒ Regular Meeting ☐ Special Meeting

CONTRACT: ☒ N/A Vendor/Entity: _____
Effective Date: _____ Termination Date: _____
Managing Division / Dept: Financial Services

BUDGET IMPACT: \$31,000.00
☐ Annual **FUNDING SOURCE:** Group Insurance Fund
☐ Capital **EXPENDITURE ACCOUNT:** Long Term Disability Premiums
☐ N/A

HISTORY/FACTS/ISSUES:

Purchase Order #9000224 (UNUM Life Insurance Company) increase request by \$31,000.00 to cover costs associated with long term disability premiums.

Exhibit A

CHANGE ORDER REQUEST FORM

Attach copy of original approved PO (unless Contract/Paperless PO)



PO Number 9000224
Vendor UNUM Life Insurance Company

☐ Cancel Entire Purchase Order

Current PO Amount (including any previously approved Change Orders) 137,309.28
Requested Change Order Amount + 31,000.00
New PO Total 168,309.28

PLEASE CHANGE THE FOLLOWING ITEMS

Item Number	From Quantity	To Quantity	From Unit Price	To Unit Price	From Account Code	To Account Code

PLEASE ADD THE FOLLOWING ITEMS

Item	Account	Description	Quantity	Unit Price	Amount

Reason/Justification/Special Instructions:

This Change Order is necessary to cover the costs associated with long term disability premiums.
Please add \$31,000.00 to account # 501-595-591-4537. This Change Order request will be funded by Budget Amendment A-57.

Signature/Approvals

Department Head

Division Director

Amanda Dyke
Financial Services Manager

[Signature]
County Administrator

Date

Date

Date

Date